

<b>Case Number:</b>	CM14-0103969		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/11/1998
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old female, who sustained an industrial injury on 09/18/1998. She has reported subsequent neck and back pain and was diagnosed with lumbosacral radiculopathy, shoulder bursae and tendon disorders, olecranon bursitis and enthesopathy of the hip. Treatment to date has included oral and topical pain medication, therapy and neurostimulation. Progress notes from 04/17/2014 and 05/29/2014 show that the injured worker complained of continued neck and low back pain. Objective physical examination findings were notable for spasm, tenderness and guarding in the paravertebral muscles of the cervical and lumbar spine with decreased range of motion and decreased dermatomal sensation with pain in the bilateral C6 and L5 dermatomes. The physician noted that the injured worker reported benefit from neurostimulation during therapy sessions and that a request for authorization of at home interferential unit for tension reduction and to increase range of motion was being requested. On 06/18/2014, Utilization Review non-certified a request for interferential unit purchase for the lumbar spine, noting that there was a lack of evidence within the documentation that the injured worker would be using the device in conjunction with recommended treatments. MTUS guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Interferential Unit Purchase - Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 118-120 of 127.

**Decision rationale:** Regarding the request for interferential unit, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation (pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment). Additionally, there is no documentation that the patient has undergone a 30-day interferential unit trial with objective functional improvement and there is no provision for modification of the current request. In light of the above issues, the currently requested interferential unit is not medically necessary.